



Application No. (if known): 10/535,474

Attorney Docket No.: 63419(52171)

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Signature

Peter F. Corless

Typed or printed name of person signing Certificate

33,860
Registration Number, if applicable

(617) 517-5557
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

English language translation of Germany Application No. 102 55 681.4 and 103 27 472.3

Charge \$905.00 to deposit account 04-1105



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
|---|--|----------------------|------------------------|
| FEE TRANSMITTAL For FY 2007 | | Application Number | 10/535,474-Conf. #4298 |
| | | Filing Date | May 17, 2005 |
| | | First Named Inventor | Wolfgang Richter |
| | | Examiner Name | J. R. Kosack |
| | | Art Unit | 1626 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 63419(52171) |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 905.00 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u> | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
20 - 20 = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
5 - 5 = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

 - 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

| | |
|---|--------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... | 395.00 |
| 2253 Extension for response within third month | 510.00 |

| | | | |
|---------------------|------------------|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 33,860 |
| Name (Print/Type) | Peter F. Corless | Telephone | (617) 517-5557 |
| | | Date | September 27, 2007 |



FEE SUMMARY SHEET

Transmittal -- Request for Continued Examination (RCE)

Date: September 27, 2007
Time: 4:17 PM
Docket: 63419(52171)

Filing Date: May 17, 2005
Application No: 10/535,474
Total Fee: \$ 905.00

| Code | Amount | 37 CFR | Fee Description | Listed on |
|------|--------|------------|--|-----------------------------|
| 2801 | 395.00 | 1.17(e) | Request for continued examination (RCE) (see 37 CFR 1.114) | Fee Transmittal (PTO SB-17) |
| 2253 | 510.00 | 1.17(a)(3) | Extension for response within third month | Fee Transmittal (PTO SB-17) |